

**PROFESSIONAL FUND RAISER
REGISTRATION STATEMENT**

**LISA MADIGAN
ATTORNEY GENERAL**

For Fiscal Year July 1, ____ Through June 30, ____

Indicate by an "X"

1. ☐ A NEW REGISTRATION ☐ RE-REGISTRATION ☐ CHANGE ☐ ADDITION AS OF ____/____/____
2. ☐ INDIVIDUAL ☐ PARTNERSHIP or ☐ CORPORATION Attach: Partnership Agreement or Articles of Incorporation

NAME of REGISTRANT	PFR NUMBER 02-
ADDRESS	PHONE NUMBER () -
CITY, STATE, ZIP CODE	FEDERAL ID NUMBER -

3. NAME OF CHIEF MANAGEMENT PERSON(S) _____ TITLE _____
(Attach Schedules as needed) _____ TITLE _____

4. NAME & ADDRESS OF ILLINOIS REGISTERED AGENT: (Address must be a street address for service)

Name: _____ Address: _____

5. LIST ALL PRINCIPAL PARTIES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, AND OWNERS OF TEN PERCENT OR MORE OF THE CAPITAL STOCK (ATTACH SCHEDULE as needed INDICATING NAME, STREET ADDRESS, TITLE, % OF INTEREST, BIRTH DATE, DRIVERS LICENSE #, STATE OF ISSUE for each person listed).

Name	Title	Name	Title
Address		Address	
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Executive Employee <input type="checkbox"/> Owner ____% Birth Date: ____/____/____ Drivers License # _____ State _____		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Executive Employee <input type="checkbox"/> Owner ____% Birth Date: ____/____/____ Drivers License # _____ State _____	
Name	Title	Name	Title
Address		Address	
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Executive Employee <input type="checkbox"/> Owner ____% Birth Date: ____/____/____ Drivers License # _____ State _____		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Executive Employee <input type="checkbox"/> Owner ____% Birth Date: ____/____/____ Drivers License # _____ State _____	

6. WERE ALL PROFESSIONAL SOLICITORS FURNISHED A 1099 OR W2 LAST YEAR? ☐ Yes ☐ No
If NO, EXPLAIN IN DETAIL. COMPLETE AND ATTACH FORM PS-01.

7. HAVE ANY OF THE FIRM'S PRINCIPAL PARTIES, EMPLOYEES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, OWNERS OF TEN PERCENT OR MORE OF THE CAPITAL STOCK OR THEIR RELATIONS EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING THE MISAPPROPRIATION OR MISUSE OF MONEY OF ANOTHER, OR OF ANY FELONY? ☐ Yes ☐ No

IF "YES", INDICATE WHO WAS CONVICTED. THE NATURE OF OFFENSE, DATE OF CONVICTION, and NAME and ADDRESS OF COURT.

8. LIST THE INTEREST OF ALL PRINCIPAL PARTIES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, OWNERS OF REGISTRANT AND THEIR FAMILY MEMBERS IN ANY OTHER FIRMS PROVIDING GOODS OR SERVICES USED IN FUND RAISING.

NATURE OF BUSINESS	NAME OF PARTY	% INTEREST	NAME & STREET ADDRESS OF BUSINESS
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9. COMPLETE & ATTACH FORM PFR-06 FOR ALL CHARITIES HAVING CONTRACTS WITH PFR.

ATTACH THE FOLLOWING AS A PART OF REGISTRATION AND INDICATE BY AN "X" THOSE ATTACHED:

- ☐ Partnership Agreement or Articles of Incorporation of Professional Fund Raiser (PFR).
- ☐ Certificate of Authority to Transact Business in Illinois (Out of state PFRs only).
- ☐ Form CS-6 (PFR Bond).
- ☐ Form PFR-06 (List of Charities for whom fund Raising services are to be provided.).
- ☐ Form PS-01 (For all Solicitors employed by PFR).
- ☐ List all business locations, other than above, used for fundraising. (attach a schedule indicating street address, city, state).
- ☐ All schedules and explanations for any of the above questions.
- ☐ Copies of all Fund Raising Contracts with Charities including Amendments, and Extensions.

NOTE: VERIFICATION MUST BE BY THE CORPORATE PRESIDENT, A GENERAL PARTNER OR THE SOLE PROPRIETOR.

STATE OF _____)

COUNTY OF _____) -- SS AFFIDAVIT

I, _____ under penalty of perjury and being sworn on oath state that I am (strike out) the CORPORATE PRESIDENT, a GENERAL PARTNER or the SOLE PROPRIETOR of the registrant professional fund raiser.

I have read the forgoing registration statement and personally know the contents thereof to be true, and each and every attachment, attached form and attached schedule, the content thereof as stated by me and filed by me with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon. I hereby further authorize and agree to submit myself and the registrant hereby to the jurisdiction of the State of Illinois.

Subscribed and sworn to before me.

This _____ day of _____, 19_____

(Signature)

Notary Public

(Print Name & Title)

Attach as many copies of this form and all schedules needed to complete your registration.

Send completed registration to:

Attorney General's Office, Charitable Trust Bureau, 100 West Randolph, 3rd Floor, Chicago, Illinois 60601